

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
04-021

2. STATE
Nevada

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440

7. FEDERAL BUDGET IMPACT:
a. FFY 2004 \$ 0
b. FFY 2005 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 4a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19-B, page 4a

10. SUBJECT OF AMENDMENT:
Pediatric Enhancement Correction

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor's Office does not wish to Review
the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Michael J. Willden

14. TITLE:
Director, DHR

15. DATE SUBMITTED: DEC 29 2004

16. RETURN TO:

John A. Liveratti, Chief
Compliance, DHCFP
1100 East William Street, Suite 101
Carson City, NV 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 29, 2004

18. DATE APPROVED:
March 8, 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2004

21. TYPED NAME:
Linda Minamoto

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:
Pat Daley for Linda Minamoto
22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEVADA

Attachment 4.19-B
Page 4a

24. Pediatric enhancement for recipients under the age of 21 will be calculated as follows:

- a. Surgical codes 10000-58999 and 60000-69999 will be the lesser of billed charges or 170% of the 2002 Medicare Facility based rate for the following services:
 1. Physician. See also 5.a.
 2. Advanced Practitioner of Nursing / Physician Assistant / Nurse Midwife / Nurse Anesthetist. See also 6.d.1.
 3. Podiatrist. See also 6.a.1.
 4. Optometrist. See also 6.b.
 5. Dental. See also 10.a.
 6. Special Clinics. See also 9.a.
 7. Early and Periodic Screening, Diagnostic and Treatment (EPSDT). See also 4.a.-b.
 8. Outpatient Hospital. See also 2.a.
 9. Therapists. See also 11.a-d.
- b. Radiology codes 70000-79999 will be the lesser of billed charges or 120% of the 2002 Medicare Facility based rate for the following services:
 1. Physician. See also 5.b.
 2. Podiatrist. See also 6.a.2.
 3. Optometrist. See also 6.b.
 4. Dental. See also 10.b.
 5. Special Clinics. See also 9.b.
 6. Early and Periodic Screening, Diagnostic and Treatment (EPSDT). See also 4.a.-b.
 7. Outpatient Hospital. See also 2.a.
 8. Chiropractors. See also 6.c.
- c. Medicine codes 90000-99199 and 99500-99999 will be the lesser of billed charges or 120% of the 2002 Medicare Non-facility based rate for the following services:
 1. Physician.
 2. Advanced Practitioner of Nursing / Physician Assistant / Nurse Midwife / Nurse Anesthetist.
 3. Podiatrist.
 4. Optometrist.
 5. Special Clinics.
 6. Early and Periodic Screening, Diagnostic and Treatment (EPSDT).
 7. Outpatient Hospital.
 8. Psychologists.
 9. Chiropractors.
 10. Therapists.

25. Newly developed Current Procedural Terminology (CPT) codes determined to be for Nevada Medicaid covered services: Codes will be entered into the system using the Nevada specific unit value developed by Medicare. The 2002 Medicare Physician Fee Schedule conversion factor will be used to calculate payment. The maximum allowable will be established by multiplying the unit value and the 2002 conversion factor and then paying the appropriate percentage based on the provider type, service type and CPT code range.

If a code is billed that has no Nevada specific Medicare rate, the Division will determine if there is national Medicare pricing. If so, the service will be paid at the appropriate percentage of that rate. If there is no national Medicare pricing, the Division will establish pricing based on similar services.

TN# 04-021

Supersedes

TN# 04-05

Approval Date MAR - 8 2005

Effective Date October 1, 2004